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***“The only thing I wish I could change is that they treat us like people and not like animals”*: Injury and Discrimination among Latino Farmworkers**

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Abstract

Objective—This paper describes how perceived discrimination shapes the way Latino farmworkers encounter injuries and seek out treatment.

Methods—After 5 months of ethnographic fieldwork, 89 open-ended, semi-structured interviews were analyzed. NVivo was used to code and qualitatively organize the interviews and field notes. Finally, codes, notes, and co-occurring dynamics were used to iteratively assess the data for major themes.

Results—The primary source of perceived discrimination was the “boss” or farm owner. Immigrant status was also a significant influence on how farmworkers perceived the discrimination. Specifically, the ability to speak English and length of stay in the United States were related to stronger perceptions of discrimination. Finally, farm owners compelled their Latino employees to work through their injuries without treatment.

Conclusions—This ethnographic account brings attention to how discrimination and lack of worksite protections are implicated in farmworkers' injury experiences, and suggests the need for policies that better safeguards vulnerable workers.

Keywords

Occupational Injury; Latino; Farmworkers; Qualitative Research; Ethnography

Introduction

Humans experience life through stories. The story below tells how workplace injury disparities are perpetuated through farm owners' discriminatory practices against their Latino employees.

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The Story of Angelita Hernandez^{1*}

Angelita Hernandez, age 39, has worked as a migrant farmworker since she was 5-years-old. Most recently, Angelita worked in Texas for a farm owner whose practices she described as “dangerous for Latinos” because he demanded them to work when injured. Angelita experienced what it felt like to work under such demands when she began leaking amniotic fluid in her second trimester of pregnancy. Her doctor prescribed bed rest to prevent complications. However, Angelita's request for a leave of absence was answered with a warning that she and her husband would both lose their positions if she proceeded to take time off. Afraid for her job, Angelita continued to work until she received an emergency phone call from her doctor urging her to report to the hospital.

I was out there [in the fields] and [the doctor] told me to come back [to the hospital].

I said, ‘Why?’

He replied, ‘You can injure your baby really badly.’

So I went to the hospital where they induced my labor. ... Don't you know [that] even while I was in labor, the boss was calling for me to return to work! Even after I had the baby, a couple of hours later, he wanted me to [start working again] as soon as I got out of the hospital. But my baby was born blind because of the low fluid and I needed to tend to him. I was out there pregnant, which I shouldn't have been. So I told him I couldn't.

Angelita described that her employer continued to pressure her to return to work. Throughout her week-and-a-half stay in the hospital, he continued to call her and urged her to come back to work as soon as she was released. He also threatened to hire someone else if she did not return. So Angelita returned to work.

I went out there for three weeks, and I wasn't supposed to work. I was on medical observation and in pain, but if I told him he [would have] fired me. That's how it goes when you're Mexican and your boss is Anglo.”

Background

As suggested by the story of Angelita Hernandez, farm work can be a condition of risk. According to a recent report from the US Department of Labor (USDOL), agricultural workers are at higher risk of fatal injury than workers in any other industry in the United States.¹ Specifically, agricultural workers have a fatal injury rate of 24.9 fatal injuries per 100,000 full time equivalent (FTE) workers compared to 15.6 per 100,000 FTE mining, 13.3 per 100,000 FTE transportation and warehousing, and 9.5 per 100,000 FTE construction.² However, the risks are greater for Latino workers. The overall fatal injury rate for Latinos across industries was higher than all other racial or ethnic groups in the United States.³ The injury rate for immigrant Latinos was even higher than people who identify as Latino but are US-born.³ Studies also indicate that as many as 33% to 69% of agricultural injuries go

^{1*}Names and personal details have been changed throughout this paper to protect the participants' identities.

unreported⁴ and between 42% to 50% of Latino farmworkers do not seek medical treatment for their workplace injuries despite prolonged pain.⁵ Evidence suggests that the injury experiences of Latino workers may be influenced by unfair and discriminatory treatment by their farm owner employers. Therefore, this paper explores the role of wrongdoing and discrimination in the experiences of injury and subsequent treatment among Latino farmworkers.

A growing body of literature suggests that discrimination is often implicated in Latino farmworkers' risks of injury. For example, farmworkers of Latino origin are frequently asked to go beyond their physical capabilities to meet employers' demands⁶⁻⁹ and work under extreme weather conditions.¹⁰⁻¹² Additionally, factors like immigrant and ethnic discrimination,^{7,9,13,14} the type of contract under which they work (hourly vs. piece-rate),^{10,15} and workplace violence and threats from employers (e.g., deportation) keep workers from reporting their injuries.¹⁶ Substandard working conditions that put productivity first and farmworkers' security last^{6,15} also impact farmworkers' risk of injury, as does underreporting.^{7,17} This combination of experiences is sometimes described by workers as *sufimiento* (suffering) in relation to how they are treated when they are injured,⁹ and that overall discrimination based on their ethnicity and foreign-born status may negatively influence health outcomes.¹⁶

Unfair treatment and injuries experienced among agricultural workers may be also influenced by fragmented and incomplete health surveillance systems. Farmworkers' injury surveillance may be even more tenuous due to the diverse subsets of their workers, many of whom are in a relatively invisible informal sector (e.g. very young or immigrant workers). Agriculture workers, in particular, may work on farms that are not covered by federal regulations and, therefore, escape routine surveillance systems in the United States, such as the USDOL (Bureau of Labor Statistics) surveys and Workers' Compensation claims data. Specifically, surveillance challenges inherent in agriculture include: (1) inconsistencies in the definition of work and injury; (2) the absence of legal injury-reporting requirements for unpaid family workers, small farms (<11 employees), and the self-employed; (3) a lack of a universal coding system for injuries; (4) incomplete surveillance (the National Agriculture Workers Survey includes farmworkers 14 years-of-age or older, excluding younger children who may work in the fields and go unaccounted); and (5) the occurrence of many non-work-related injuries to farm and farmworker youth as they observe or play around their working parents and older siblings.^{10,18,19} These challenges are further exacerbated by estimates that 85% of migrant and seasonal farmworkers work on farms with fewer than 10 employees that are exempt from mandatory health surveillance and injury reporting.²⁰

While both discrimination and weak policies may threaten Latino farmworkers' occupational safety, little is empirically known about how discrimination directly impacts their injury experiences. Thus, this study used ethnography to show how perceived discrimination shapes the way farmworkers face injury and seek out treatment. Understanding how farmworkers describe instances of discrimination and their injuries will bolster the existing literature about farmworkers' health in the workplace. Knowing how discrimination functions in the workplace may also help to inform improved policies that reduce wrongdoing in unfair treatment, injuries and lack of reporting among Latino farmworkers.

Methods

Overview

A cohort of Latino workers who migrated from the Texas-Mexico border to the Panhandle region of Texas to work in cotton, squash, watermelon, and citrus crops took part in this study for a period of 5 months from May to October, 2009. Data were collected as part of ethnographic fieldwork using participant observation,²¹ interviews, and brief surveys.^{22,23} Participant observation involves participation in the daily life of community members for an extended period of time, while observing interactions and listening to conversations to identify salient concepts. Additionally, unstructured interviews were used rather than quantitative methods, because the study questions related to sensitive topics such as forms of unfair treatment and discrimination, which can be uncomfortable or difficult to assess for meaning in standard quantitative research methods. The combination of these methods has been used successfully in other studies in other research on economically and socially marginalized groups of farmworkers.^{8,9,14} This paper used ethnography with this in mind, investigating lived experience of injured farmworkers to analyze linkages between injury and discrimination. A purposive sample²⁴ of 180 farmworkers between 18 and 68 years-of-age were observed during the study period, but surveys and interviews were only conducted among the 89 farmworkers whom the primary researcher (hereinafter, researcher) either observed having an injury or learned of an injury during conversation. The sampling strategy was as inclusive as possible to observe and record as full range of experiences as feasible. A basic demographic profile of the study participants who experienced an injury is provided in Table 1, and their injury characteristics are summarized in Table 2.

Conceptual Framework

This paper draws upon theory embedded within critical medical anthropology,²⁵ which considers social and political constructs of health and seeks to specify the effect of social inequality on health of vulnerable populations that lack social and other forms of power. Specifically, injuries experienced by farmworkers were examined by how they were entrenched in social, political and economic inequalities of discrimination. The application of such an approach has been used in previous ethnographic studies examining farmworkers' "stigmatized biologies"²⁶ as well as how structural violence against immigrant farmworkers negatively affects their health.¹⁴ Like previous studies, this paper shows the value of ethnography in highlighting how injustice converges with the lived circumstances of farmworkers and how that convergence shapes health inequalities. To that end, this study stands on a long and proven tradition among anthropologists that highlights the social and political forces that shape bodily ailments.

Setting

The majority of nationwide injuries (fatal and nonfatal) occur in the South and Midwest,^{27,28} and Texas leads all states in the number of fatal occupational injuries.² With this in mind, the study was implemented in Texas, specifically concentrating recruitment in the Rio Grande Valley, also called "The Valley," a region in the southernmost tip of Texas. The Valley is the permanent home of one of the largest concentrations of farmworkers in the United States; many Valley residents are, or have been, farmworkers.²⁹ Data collection also took place in

the Texas Panhandle region of Lubbock County, a region that produces the largest amount of cotton in the United States.³⁰

Recruitment

Participants for this study were identified with the help of Teaching and Mentoring Communities (TMC) Migrant Seasonal Head Start (MSHS), a community organization within the national Head Start system that provides education and family support services to migrant and seasonal children and families. TMC MSHS provides services to more than 7,000 migrant and seasonal farmworker families as they prepare for agricultural work, migrate to find work, and return to their hometowns. TMC MSHS is also one of the largest Head Start offices in the nation and is located in the center of The Valley. To identify participants, TMC MSHS posted fliers with study information in areas where parents drop their children off for care. Fliers were available in Spanish and English and asked participants to give their names and contact information to TMC MSHS staff if they were willing to participate in a study that tracked migrant farmworker injuries. Names and phone numbers were then collected from interested individuals, who were contacted to confirm migration plans as well as willingness to participate. To be eligible for the study, farmworkers had to be at least 16-years-old, be employed in agriculture at the time of enrollment, and intend to migrate for work at least 3 months. If farmworkers met all requirements for the study, they were also asked about their ability to travel together as one cohort for any part of the study period, but for at least 2 weeks. Travelling as one cohort allowed routine and simultaneous data collection among all participants and also reduced the likelihood of participant attrition.

Human Subjects Protection

All recruitment, data collection, and other procedures for this study were approved by the Human Subjects Board at the University of Texas M.D. Anderson Cancer Center in Houston, Texas. Prior to collection of any data, informed consent was gained from each participant. Farmworkers in the data cohort received \$50 after completion of the study period. Context and description of the injuries by farmworkers were described with names and personal details that have been changed to protect the participants' identities.

Data Collection

Brief questionnaires—A short paper-and-pencil survey questionnaire was administered to gather demographic characteristics, including age, marital status, place of birth, and language preference. The questionnaire also surveyed types of injury, their time of occurrence, as well as their treatment and perceived severity.

Direct and participant observation—In addition to the demographic questionnaire, direct and participant observation²¹ data were collected during immersion into the daily lives and routines of farmworkers, including harvesting crops and migrating to find work. Field notes were recorded about what was seen, heard, and experienced during the workday that related to worker injury safety. This strategy was particularly robust and allowed key insight and knowledge about the work behavioral environment and interaction among coworkers that influenced injury safety.

Unstructured interviews—Unstructured interviews^{22,23} were used to gather injury experiences among the farmworkers in our study who sustained injuries in the study period. Interviews were used to gain information in the form of an everyday conversation. Interview questions were generated inductively to confirm initial theoretical impressions based on observation. Questions were generally not pre-determined for two primary reasons: (1) to keep the direction of the interview informal and (2) to direct insights toward the specifics of the person being interviewed. However, participants were uniformly asked to tell a story about their work injuries. Individuals were scheduled for unstructured interviews opportunistically when the setting, timing, and location were fitting to voice-record their stories privately and for at least 1 hour. Eighty-nine unstructured interviews were conducted. All interviews were conducted in participants' homes or in informal areas during lunch/dinner breaks while working. Interviews were conducted in either Spanish or English, depending on the participants' preference.

Analysis

Descriptive statistics were used to summarize questionnaires. For qualitative data, several steps were taken to ensure careful systematic analysis. First, all interviews were transcribed by one certified translator and transcriber whose first language is Spanish and who is bilingual in Spanish and English. Notes taken during the interviews were also used to ensure accuracy of the transcripts. The researcher then coded and reviewed the transcripts. The analysis consisted of line-by-line “open coding” of each interview and observational record.^{24,31,32} “Open coding” consisted of using salient, verbatim key words and phrases that emerged from the interviews and observations to formally identify categories and concepts relevant to the primary research questions. From the open coding, a comprehensive set of 128 codes was created and condensed to 53.

NVivo (QSR International, v10) was used to code and qualitatively analyze all data. Thematic analysis focused on searching for contexts, underlying meanings, patterns, and processes associated with injury and underreporting.³³ Using NVivo, coding reports of code frequencies and patterns across domains and contexts were used to compile comprehensive tables that highlighted key words, statements, and meanings associated with injury. Coding reports were then edited to organize sets of meaning based on the factors that influenced both injury and underreporting. Analysis was an iterative process, reviewing coding reports of the queried texts, as well as observational records to confirm data through multiple sources. Responses with the most salient coding references and contexts were presented to highlight the most consistent examples of discrimination and injuries among farmworkers.

Results

Population Characteristics

Farmworkers were primarily male, of Mexican nativity, and Spanish-speaking. A total of 89 workers, or 49.2% of all farmworkers, were observed to have an injury at work during the study period. There were 38 (42.7%) cuts to the hands and arms, 29 (32.6%) musculoskeletal injuries such as sprained backs or ankles, 20 (22.5%) bruises from falls or blows from machinery, and 2 (2.2%) broken bones. The vast majority of farmworkers who

sought medical care were uninsured and paid cash for their treatment. Despite the type of treatment sought, most farmworkers described their injuries as “not severe” but still painful. Other descriptive characteristics of farmworkers and their injuries are further described in Tables 1 and 2.

Overall Findings

Farmworkers perceived their bosses to be the agents of most discriminatory experiences. Farmworkers also described their immigrant status as a significant influence on their experiences of discrimination. They explained the discrimination they encountered by referencing characteristics one would likely find among recent immigrants. These characteristics include the ability to speak English, country of birth, and ethnicity. Finally, farmworkers' descriptions of discrimination were linked with their perceived health. In particular, farmworkers detailed instances in which their bosses required them to work through injuries.

Farm Owners as the Source of Discrimination

Workers perceived that farm owners served as the primary agent of unfair treatment at work. A total of 67 of 89 farmworkers referenced some form of unfair treatment by their employer farm owner. An additional 5 farmworkers referenced discrimination from crew leaders or managers. Issues raised were concerns over unfair payment practices, being forced by their employer to work despite suffering from severe injuries, and worries about unequal practices for the hiring and firing of employees.

One of the most common topics that participants discussed was employers' unequal payment practices. One farmworker complained about the low wages his farm owner has paid him:

They don't even pay \$7.15 an hour. They pay you like \$6.00 now. It's cheap. When I first started working, I started getting like \$5.15 an hour, and then they started feeding me and I got \$5.50 and then \$6.00. Then I started driving the tractors and they raised me up to \$7.00. Then I get better at tractors, then \$8.00. I guess it all depends on how you work.

Another farmworker described how farmers treat their employees poorly. He described farm owners firing workers and then not paying workers money they earned:

... Some farmers farm with you. Some [work] so many hours [with you]... And then...they fire you. That way they won't pay you your money. Besides, some of them really don't care about you and me [farmworkers].

The same farmworker described an instance where his employers fired him unfairly. The farmworker wanted to take a Sunday off to spend time with his mother for Mother's Day, but his employers wanted him to work all day. The farmworker stopped working at noon, and his employer fired him.

Not all farmworkers referenced experiences of unfair treatment at work. In fact, some even argued that there were no inequalities in their workplace. Two farmworkers described their employer treating workers fairly. Those workers described equal pay and fair promotion practices as examples of how employers treat employees equally. The first farmworker

described how an employer provided equal pay to all workers, even though the employer was “cheap.” Another farmworker talked about promotion practices, and he suggested that his employer gave him greater responsibility after he learned appropriate skills.

Farmworkers also stated that some employers treated them unfairly, while other farmers treated them well. The man who was fired for working a half-day on Mother's Day had very complimentary things to say about another boss:

When I had something to tell him, [if I ever] needed something, he always listened. He would take his time and sit down, and we talked about it. One way or another, he would help me.

Immigration Status Influencing Experiences of Discrimination

In addition to referencing that bosses were responsible for discrimination, farmworkers also discussed why they encountered discrimination, suggesting explanations including their being Mexican-born, English proficiency, and being undocumented. Being Mexican-born was the most discussed factor explaining discrimination:

The only thing I can tell you is that we say the same thing to our bosses all the time, but without resolution... And that is what happens to us as Mexicans. We cannot complain because... then they are going to fire you.

The same farmworker argued that someone born in the United States (as opposed to Mexico) would have received time off from work after the birth of a child.

When [my wife] had given birth, when we had the babies, I had to ask for some days off. I asked him, and he got mad because all he wants is to keep me working. He doesn't let me [have any time off from work]. Well, I'm from Mexico, but he will let the Chicanos (individuals born in the United States) [take time off]. That's not right. That's racism or something like it.

Another farmworker explained receiving lower pay due to his birth in Mexico compared to other farmworkers born in the United States. He said that his boss paid the US-born workers more and provided them with more benefits.

Farmworkers sometimes talked about their English proficiency and their limited access to the legal system to explain discrimination. In the following passage, the same farmworker who was quoted in the previous passages discussed his status as a migrant farmworker (an individual who moves from one location to another for seasonal agricultural work).

He pays less because we're migrants... although we do the same work. The difference is that they can defend themselves because they know English, and we only speak it a little bit. We don't know many words to defend ourselves against the boss.

Another farmworker discussed the injustice, suggesting that workers organize against the bosses, or at least speak up and confront the boss, saying:

And I tell them undocumented farmworkers have the same rights [as] everyone, everyone. I tell them they do not have a reason to discriminate against us.

Farmworkers' Descriptions of Discrimination Are Linked With Both Work and Clinical Encounters

Farmworkers also described how discrimination from bosses negatively affected their overall work health. For example, one person described individuals born in the United States receiving time off after injuries compared to farmworkers born in Mexico.

He [the boss] makes you work injured. ...The Chicanos, the ones born here in the U.S., he doesn't make them work [through injury]. He lets them go home for two or three days until they're healed and then they come in to work.

The employer, however, was not the only source of discrimination that farmworkers experienced. Another farmworker described ethnicity-based discrimination at a local clinic. He believed that some doctors treat Latinos worse or differently than they would treat non-Latino whites.

A Final Account of Inequity

Farmworkers shared that even when they reported their injuries, the employer often chose not to do anything. Farmworkers expressed frustration and even grief at this, sometimes crying as they shared their stories.

The Story of Peter Campos—Peter Campos is one worker who shared an account of a severe injury with both his crew leader and farm owner. Both did nothing. Peter felt strongly that the reason his injury was overlooked was because he was a new immigrant and spoke very little English. He observed that immigrants with longer residential status, English language skills, and knowledge of US labor laws were treated better.

During the study period, Peter encountered an injury at work. Although Peter reported the incident and injury to his boss, he was asked to keep working. His boss indicated that the day would be over soon (in four hours) and that Peter could deal with the pain until he was released from work. When Peter was asked if he believed that there were things at his job that were dangerous, he responded:

Well, at any moment we can become poisoned, intoxicated [from pesticides]. Also, sometimes you cut a finger or hurt your foot, and the boss doesn't pay the bills. We have to pay from what we earn, and then ...he won't let you go home.

...This week I was working when a nail was driven through my foot. I also cut this finger (pointing to his right index finger).

I cut it with, with a nail. I put the nail in. I turned it. It cut my finger, and then the nail shot through my foot. I went to my boss to show him. Blood was everywhere, but he wanted me to stay at work. He is selfish and doesn't care if we are hurt as long as he makes money.

Because Peter could not take time off work, his injury went untreated by a clinician. He did not go to the doctor because trips to the emergency room are “saved for big things.” Instead, Peter self-treated his finger and foot with topical antibiotic and gauze and continued to work through the pain. At the time of the interview, Peter showed his injury to the researcher, who

accompanied him to the emergency room to ensure translation. Peter's foot injury was infected, and without treatment he would have had to have his foot amputated. Peter was given antibiotics for his injury and cleaning instructions for his wound. His foot recovered over about one month, but Peter continued to work 9-hour days with his injured foot and hand.

Discussion

The current study describes the experiences of discrimination, risk, and mistreatment of farmworkers while simultaneously demonstrating the unique lenses ethnography gives toward understanding the vulnerability of Latino workers who lack policies to protect them. The lived experiences of farmworkers presented provide both complex and powerful narratives of the dangers associated with farm work, and the additional risks imposed by discriminatory practices.

One of the cornerstones of public health is to understand and eliminate threats to the health of working populations. The findings of this paper illustrate that farmworkers' employers are the primary threat to their injury recovery and treatment. Moreover, farmworkers perceived that their employers discriminated against them based on their Latino ethnicity and their ability to speak English.

The findings of this study complement the works of many studies that explain the health burdens of Latino and immigrant farmworkers in the United States. For example, the finding that farmworkers reported discrimination from their bosses is supported throughout available literature. Holmes³⁴ similarly describes the social vulnerability of farmworkers that negatively influences their health. In his research, the extraordinary injustices faced by farmworkers increases their risk of pesticide exposures and chronic pain while at work. Holmes³⁴ also describes that when farmworkers are in need of treatment, they encounter clinical systems that barely meet their needs. Of particular importance is what Holmes describes as “social violence”, in which a hierarchical pecking order designated by Latino ethnicity and citizenship is manifested by suffering and illness, particularly among undocumented, indigenous farmworkers.³⁴ Holmes further describes that the hierarchies in which workers suffer are not necessarily generated or carried out by farm employers. Rather, he assigns culpability to larger social structures. In this way, the findings of this manuscript depart from Holmes' work. While there is no question that several farmworkers in this study describe their employers, managers, and crew leaders as “personas buenas” (good people), it was also very clear that when instances of injustice and discrimination are linked to injury, farmworkers find their employer most directly responsible.

Stallones and colleagues³⁵ also described farmworkers' discussions of injustices that were primarily instigated by employers in ways that align with the findings of this study. For instance, Snipes and colleagues¹⁶ describe that employers often paid undocumented farmworkers less than they were guaranteed and threatened their deportation if they complained about not being fairly paid. Snipes' work also provides examples of injustices where workers who were injured were subsequently fired after taking time off to seek treatment. Workers were only rehired if they agreed to stop seeking treatment or “stop going

to the doctor.”¹⁶ Finally, Stallones et al.³⁵ cited that farmworkers face discrimination and unequal treatment in a manner similar to the current study. Specifically, they describe instances of workers who were pressured by their employers to continue working despite recommendations from health professionals to take time off.

Together with the existing literature, the findings of this manuscript make clear that discrimination against farmworkers by their employers negatively impacts their injury experience and may increase the risk that injuries go unreported or untreated. The analysis of farmworkers' stories also offers a critical analysis of the socio-political and economic perspective that farmworkers see their injuries as “everyday realities” that are linked with demands of work. Another way in which the social and physical demands of farm labor intersect may be exhibited by the finding that the vast majority of workers described their injuries as “not severe” even though they required medical treatment and appeared, to the investigator as at least, moderately severe. According to injury severity definitions by the National Institute for Occupational Safety and Health, injuries that require medical treatment and 3–5 days off from work or normal activities days are categorized as moderately severe.³⁶ Alternatively, low severity injuries usually resolve on their own. Perhaps the perceived nature of farmworkers' injuries as lacking severity underscores the lived social inequalities of workers who are so accustomed to working under chronic pain that they tolerate it as normal. Others have described farmworkers as working while in chronic pain, despite injury.^{14,34,37,38} In particular, farmworkers' financial vulnerability may drive their treatment seeking, because they cannot afford to miss out on payment in a reality where their employers may refuse to pay them. However, in at least one study, employers were found to be the driver of how quickly workers received treatment where growers seemed to promote immediate treatment among injured farmworkers compared to contractors who were associated with treatment delays.³⁷

The complicated nature of workers' vulnerability may be explained by lack of policies to protect them. Some, like Liebman et al.¹⁹ and Rosenbaum et al.³⁹ suggest that the combination of failed policies and negligent workplace safety culture are implicated in the health of Latino workers. Additionally, a group of studies conducted in North Carolina by Arcury and colleagues^{8,40,41} indicate that sub-standard conditions, little access to healthcare, and migrant lifestyles where workers travel across the country from job to job are examples of how workers fall through the cracks of policies that do not protect them. One way in which farmworkers remain unaided by health policies meant to protect vulnerable employees is that workers' compensation is not uniformly available for migrant and seasonal farmworkers because coverage varies by state. Only 13 states and the District of Columbia, Puerto Rico, and the Virgin Islands require employers to cover seasonal agricultural workers. There are also “loop hole” states where small farms are exempt from providing coverage to their migrant and seasonal farmworkers. This becomes problematic when estimates suggest that 85% of migrant and seasonal farmworkers work on farms with fewer than 10 employees that not only provide no workers compensation, but also are exempt from mandatory health surveillance and injury reporting.²⁰ In a state like Texas, where these data were collected and where there is no requirement for employers to provide workers compensation for migrant or seasonal farmworkers, there is an especially vulnerable environment where workers cannot access protections through policy.

Conclusions

This work brings to light the nexus of farmworkers' experiences of injuries and discrimination with examples of how policies fail to protect them, bolstering the limited number of studies on social vulnerability in working populations. This work also brings attention to additional disparities among farmworkers, including not reporting injuries because of fear of losing one's job. These contextual factors contribute to additional health disparities in the farmworker population. The importance of these additional insights highlights the benefit in engaging community members in their understanding and addressing disparities.

Understanding how farmworkers describe discrimination and how they are unable to access policy protections may also help advocates, policymakers, and researchers know more about where to target their efforts to reduce discrimination in this population. The sobering accounts of ethnographic evidence may be especially relevant to policy makers by providing a lens to the intersection of lived experiences and failed policies. Advocates can also use this evidence to target agricultural employers to ensure fair hiring and firing practices, payment, and time off due to injuries. Future research should study the concerns that farmworkers raised—unequal pay, hiring practices, working through serious injuries, and firing practices—to understand the extent of each problem. Finally, further ethnographic investigations of farm owners and managers could help clarify the structural determinants of power in the relationship between discrimination and health among farmworkers.

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References

1. United States Bureau of Labor Statistics. Number and Rate of Fatal Occupational Injuries in 2009. Washington, DC: US Department of Labor; 2011.
2. United States Bureau of Labor Statistics. Census of Fatal Occupational Injuries. Washington, DC: United States Department of Labor Bureau of Labor Statistics in cooperation with New York City, District of Columbia, and Federal Agencies; 2013.
3. Byler, CG. Fatal Injuries to Hispanic/Latino Workers: Hispanic/Latino Fatal Occupational Injury Rate. Washington, DC: Bureau Division of Census of Fatal Occupational Injuries/Office of Compensation and Working Conditions, of Labor Statistics; 2013.
4. Leigh JP, Marcin JP, Miller TR. An estimate of the U.S. Government's undercount of nonfatal occupational injuries. *J Occup Environ Med*. 2004; 46:10–18. [PubMed: 14724473]
5. Mines, R., Mullenax, N., Saca, L. The Binational Health Survey. Davis, CA: California Institute for Rural Studies; 2001.

6. Salazar M, Keiffer M, Negrete M, Estrada F, Synder K. Occupational Risk among orchard workers: a descriptive study. *Fam Community Health*. 2005; 28:239–252. [PubMed: 15958882]
7. Farquhar S, Samples J, Ventura S, Davis S, Abernathy M, McCauley L, Cuilwik N, Shadbeh N. Promoting the occupational health of indigenous farmworkers. *J Immigr Minor Health*. 2008; 10:269–280. [PubMed: 17668321]
8. Arcury TA, Mora DC, Quandt SA. "...you earn money by suffering pain": Beliefs About Carpal Tunnel Syndrome Among Latino Poultry Processing Workers. *J Immigr Minor Health*. 2015; 17:791–801. [PubMed: 24363119]
9. Holmes SM. "Is it worth risking your life?" Ethnography, risk and death on the U.S.-Mexico border. *Soc Sci Med*. 2013; 99:153–161. [PubMed: 24120251]
10. McCurdy S, Samuels S, Carroll D, Beaumont J, Morrin L. Agricultural injury in California migrant Hispanic farm workers. *Am J Ind Med*. 2003; 44:225–235. [PubMed: 12929142]
11. Villarejo D, McCurdy SA, Bade B, Samuels S, Lighthall D, Williams D. The health of California's immigrant hired farmworkers. *Am J Ind Med*. 2010; 53:387–397. [PubMed: 20191600]
12. Quandt SA, Wiggins MF, Chen H, Bischoff WE, Arcury TA. Heat index in migrant farmworker housing: implications for rest and recovery from work-related heat stress. *Am J Ind Med*. 2013; 103:e24–e26.
13. Snipes SA. "Pesticides protect the fruit, but not the people": using community-based ethnography to understand farmworker pesticide-exposure risks. *Am J Public Health*. 2009; 99:S616–S621. [PubMed: 19890166]
14. Holmes SM. An ethnographic study of the social context of migrant health in the United States. *PLoS Med*. 2006; 3:e448. [PubMed: 17076567]
15. Faucett J, Meyers J, Miles J, Janowitz I, Fathallah F. Rest break interventions in stoop labor tasks. *J Agromedicine*. 2007; 38:219–226.
16. Snipes SA, Thompson B, O'Connor K, Godina R, Ibarra G. Anthropological and psychological merge: design of a stress measure for Mexican farmworkers. *Cult Med Psychiatry*. 2007; 31:359–388. [PubMed: 17955350]
17. Quandt, SA. Health of Children and Women in the Farmworker Community in the Eastern United States. In: Arcury, TA., Quandt, SA., editors. *Latino Farmworkers in the Eastern United States*. New York: Springer New York; 2009. p. 173-200.
18. Mobed K, Gold EB, Schenker MB. Occupational health problems among migrant and seasonal farm workers. *West J Med*. 1992; 157:367–373. [PubMed: 1413786]
19. Liebman AK, Wiggins MF, Fraser C, Levin J, Sidebottom J, Arcury TA. Occupational health policy and immigrant workers in the agriculture, forestry, and fishing sector. *Am J Ind Med*. 2013; 56:975–984. [PubMed: 23606108]
20. Passel, JS., Van Hook, J., Bean, FD. Estimates of the Legal and Unauthorized Foreign-Born Population For The United States And Selected States, Based on Census 2000: Report to the Census Bureau. Alexandria, VA: Sabre Systems; 2004.
21. Hammersley, M., Atkinson, P. *Ethnography: Practices and Principles*. 2. New York: Routledge; 1995.
22. Rubin, HJ., Rubin, IS. *Qualitative Interviewing: The Art of Hearing Data*. 2. Thousand Oaks, CA: Sage Publications; 2004.
23. McCracken, G. *The Long Interview*. Newbury Park, CA: Sage Publications; 1998.
24. Bernard, HR. *Qualitative Data Analysis I: Text Analysis Research Methods in Anthropology: Qualitative and Quantitative Approaches*. 4. Lanham, MD: AltaMira Press; 2006.
25. Singer M. Critical medical anthropology. *Encyclopedia of Medical Anthropology*. 2004; 1:23–30.
26. Horton S, Barker JC. Stigmatized biologies: Examining the cumulative effects of oral health disparities for Mexican American farmworker children. *Med Anthropol Q*. 2010; 24:199–219. [PubMed: 20550093]
27. Pegula, S., Janocha, J. *Death on the Job: Fatal Work Injuries In 2011, Beyond the Numbers: Workplace Injuries*. Washington, DC: US Bureau of Labor Statistics; 2013.

28. Centers for Disease Control. Occupational Injury Surveillance of Production Agriculture Survey 2001, 2004 and 2009. Washington, DC: National Institute for Occupational Safety and Health; 2010.
29. Larson, AC. Migrant and seasonal farmworker enumeration profiles study: Texas. Washington, DC: US Department of Health and Human Services; 2002.
30. United States Department of Agriculture National Agricultural Statistics Service. [Accessed July 30, 2016] Texas State Agriculture Overview. 2015. Available at: https://www.nass.usda.gov/Statistics_by_State/Texas/
31. Glaser, BG., Strause, AL. The Discovery of Grounded Theory: Strategies for Qualitative Research. New York, NY: Aldine Press; 1967.
32. Strauss, A., Corbin, J. Basics of Qualitative Research Grounded Theory Procedures and Techniques. Thousand Oaks, CA: Sage Publications; 1990.
33. Altheide, DL. Ethnographic Content Analysis. In: Lewis-Beck, MS. Bryman, A., Liao, TF., editors. The Sage Encyclopedia of Social Science Research Methods Vol 1. Thousand Oaks, CA: Sage Publication; 2004.
34. Holmes, SM. Fresh Fruit, Broken Bodies: Migrant Farmworkers in the United States. Berkeley, CA: University of California Press; 2013.
35. Stallones L, Acosta MS, Sample P, Bigelow P, Rosales M. Perspectives on Safety and Health among Migrant and Seasonal Farmworkers in the United States and Mexico: A Qualitative Field Study. *J Rural Health*. 2009; 25:219–225. [PubMed: 19785590]
36. National Institute for Occupational Health and Safety. Case Definition for Acute Pesticide-Related Illness and Injury Cases Reportable to the National Public Health Surveillance System. Cincinnati, OH: National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention; 2000.
37. Thierry AD, Snipes SA. Why do farmworkers delay treatment after debilitating injuries? Thematic analysis explains if, when, and why farmworkers were treated for injuries. *Am J Ind Med*. 2015; 58:178–192. [PubMed: 25603940]
38. Gomberg-Munoz R. Willing to work: agency and vulnerability in an undocumented immigrant network. *American Anthropologist*. 2010; 112:295–307.
39. Rosenbaum DA, Mora DC, Arcury TA, Chen H, Quandt SA. Employer differences in upper-body musculoskeletal disorders and pain among immigrant Latino poultry processing workers. *J Agromedicine*. 2014; 19:384–394. [PubMed: 25275404]
40. Arcury TA, Quandt SA. Delivery of health services to migrant and seasonal farmworkers. *Annu Rev Public Health*. 2007; 28:345–363. [PubMed: 17291182]
41. Arcury TA, Grzywacz JG, Sidebottom J, Wiggins MF. Overview of immigrant worker occupational health and safety for the agriculture, forestry, and fishing (AgFF) sector in the southeastern United States. *Am J Ind Med*. 2013; 56:911–924. [PubMed: 23450742]

Table 1
Demographic Characteristics of Participants (N=89)

	Frequency (n)	Percent (%)
Primary language of farmworker		
Spanish	78	88
English	11	12
Gender		
Female	21	24
Male	68	76
Age (years)		
20-30	33	37
31-40	33	37
41-50	14	16
50+	9	10
Place of birth		
United States	21	24
Mexico	68	76
Marital status		
Married/partnered	79	89
Single	10	11
Years live in United States		
5 or less	44	49
5-10	39	44
11-15	5	6
More than 15	1	1
Household income		
\$10,000–\$14,999	60	67
\$15,000–\$24,999	20	23
\$25,000–\$34,999	9	10
Education		
4 th grade or less	29	33
5 th through 8 th grade	47	53
9 th grade through 11 th	10	11
High school diploma/GED	3	3

Table 2
Characteristics of Participants' Injuries(N=89)

	Frequency (n)	Percent (%)
Sustained injury at work		
Yes	89	100
Length of time since injury		
Within 1 week	19	21
< 1 month ago	47	53
< 1 year ago	23	26
Perceived severity of injury		
Minor	10	11
Not severe but painful	76	86
Severe	3	3
Treatment locations		
Community clinic	20	23
Private physician	19	21
Emergency Room	29	33
Self-treat at home	21	23
Method of payment for medical care		
Cash or check	81	91
Medicare/Medicaid	8	9